

Heart Failure Patient Record

Name: _____

Phone: _____

| Date | Weight* | Blood Pressure | Pulse | Other |
|------|---------|----------------|-------|-------|
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*Use same scale/same amount of clothes/same time daily

Call your doctor or seek medical care if:

- 1) Weight increases by 2 pounds or more in a day;
- 2) Increased shortness of breath;
- 3) Tightness or pressure in chest;
- 4) Increased swelling in legs, ankles, hands or stomach.

Don't Smoke and Limit Alcohol.

Developed by MDCH, CHV Section 4/06

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LIST OF CURRENT MEDICATIONS

| Name | Reason | Dose/Times |
|-------|---------------|------------|
| _____ | ACE or ARB | _____ |
| _____ | B-Blocker | _____ |
| _____ | Diuretic Y/N | _____ |
| _____ | Digitalis Y/N | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Allergies: _____

Advice:

Diet: ☐ 2gm sodium/day Other: ☐ _____

Fluid Restriction: ☐ yes _____ oz./day ☐ no

Flu Shot: _____ Pneumonia Shot: _____
(date) (date)

Other: _____

Next Appt:

(date) (date) (date) (date) (date) (date)

(initial) (initial) (initial) (initial) (initial) (initial)

Physician: _____

Phone: _____

Physician: _____

Phone: _____

Home Care Agency: _____

Nurse: _____

Phone: _____



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